Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

Volume 30 MAY 1949 *Number 5*

The Fruits of Life Conservation

PROGRESS in life conservation has been proceeding at so rapid a pace in our country that the gains achieved are very impressive even if measured from so recent a date as 1940. Well over one quarter of a million lives were saved in 1947 alone because of the improvement in mortality since 1940.

There were 1,445,370 deaths reported in the United States in 1947; had the population experienced the death rates, by sex and age, observed only seven years earlier, the deaths would have totaled 1,712,396. The difference between the expected and the actual number of deaths, namely 267,026, represents the saving in lives in 1947.

All the leading causes of death, but cancer, have played a part in effecting this achievement in life conservation, as may be seen in the table on the following page. Heading the list are pneumonia and influenza, with a saving of nearly 57,000 lives in 1947. The decline in mortality from these causes reflects largely the decisive victories scored over pneumonia by the widespread use of penicillin and the sulfa drugs. Second in rank are the cardiovascular-renal diseases, with more than 51,000 lives saved by the reduction in mortality since 1940. This group of diseases shows up very favorably on the basis of the number of lives saved, but the brilliance of the record is somewhat dimmed when viewed in the light of the large number of deaths from these diseases; the cardiovascular-renal conditions are responsible for more than 10 times as many deaths as pneumonia and influenza together.

Tuberculosis, as one would expect, likewise has a high place in the list of causes of death which show improved mortality. There were about 18,200 fewer deaths from this cause in 1947 than would have occurred had the mortality of 1940 continued. The diseases which are concentrated at the younger ages have also made a favorable record in recent years, as they have for many years prior. The improvement in mortality from diarrhea and enteritis accounted for nearly 13,000 lives saved in 1947; an additional 5,000 lives were conserved by the decrease in deaths from the four principal communicable diseases of childhood. The savings effected by these two groups of diseases totaled more than 60 percent of the number of deaths

expected on the basis of the 1940 mortality—a higher proportion than for almost any other cause of death listed in the table.

Many other diseases and conditions have also contributed to the total saving in lives. The external causes of death contributed more than 15,000 lives, diabetes nearly 3,800, typhoid fever more than 1,200, and the causes not shown separately nearly 108,000. Cancer alone, in Table 1, showed more deaths actually occurring in 1947 than was expected on the basis of the mortality for 1940. The increase, however, was less than 3 percent. It may well be that this retrogression reflects simply the increase in the number of cases discovered and reported on the death certificate.

The recent improvement in mortality from all causes combined has been substantially greater among females than among males, as is evident from the top line in Table 2. About 144,000 fewer females and about 123,000 fewer males died in 1947 than would have succumbed under the mortality conditions of seven years earlier. The relative improvement for the females is even

TABLE 1—NUMBER OF DEATHS IN THE POPULATION OF THE UNITED STATES IN 1947 FROM SELECTED CAUSES, COMPARED WITH THE NUMBERS EXPECTED IN THAT YEAR ON THE BASIS OF THE MORTALITY RATES BY SEX AND AGE PREVAILING IN 1940

CAUSE OF DEATH	DEATHS IN 1947		LIVES SAVED IN 1947 BY IMPROVEMENT IN MORTALITY SINCE 1940	LIVES LOST IN 1947 BY INCREASE IN RECORDED MORTALITY SINCE 1940
	Actual	Expected on Basis of Mortality in 1940		
ALL CAUSES	1,445,370	1,712,396	267,026	.....
Pneumonia and influenza	61,836	118,670	56,834	.....
Cardiovascular-renal diseases*	671,907	723,166	51,259	.....
Tuberculosis—all forms	48,064	66,301	18,237	.....
External causes	124,672	139,795	15,123	.....
Suicide	16,538	20,879	4,341	.....
Homicide	8,555	8,785	230	.....
Accidents—all forms	99,579	110,131	10,552	.....
Diarrhea and enteritis	8,069	20,904	12,835	.....
Principal communicable diseases of childhood	3,332	8,208	4,876	.....
Measles	472	966	494	.....
Scarlet fever	107	779	672	.....
Whooping cough	1,954	4,671	2,717	.....
Diphtheria	799	1,792	993	.....
Diabetes mellitus	37,515	41,254	3,739	.....
Typhoid and paratyphoid fever	325	1,562	1,237	.....
Cancer	189,811	184,872	.....	4,939
All other causes	299,839	407,664	107,825	.....

*Includes intercranial lesions of vascular origin, diseases of the heart, and nephritis (all forms).

TABLE 2—NUMBER OF DEATHS IN THE POPULATION OF THE UNITED STATES IN 1947, BY AGE, COMPARED WITH THE NUMBERS EXPECTED IN THAT YEAR ON THE BASIS OF THE MORTALITY RATES BY SEX AND AGE PREVAILING IN 1940

AGE	MALES			FEMALES		
	DEATHS IN 1947		Lives Saved in 1947 by Improvement in Mortality Since 1940	DEATHS IN 1947		Lives Saved in 1947 by Improvement in Mortality Since 1940
	Actual*	Expected on Basis of Mortality in 1940		Actual*	Expected on Basis of Mortality in 1940	
ALL AGES.....	818,234	941,265	123,031	627,136	771,131	143,995
Under 1.....	68,678	111,912	43,234	50,579	82,357	31,778
1– 4.....	9,778	17,584	7,806	7,843	14,490	6,647
5–14.....	9,504	13,649	4,145	6,242	9,971	3,729
15–24.....	21,324	26,813	5,489	13,626	21,064	7,438
25–34.....	27,675	37,894	10,219	21,079	32,296	11,217
35–44.....	48,282	58,351	10,069	34,318	46,129	11,811
45–54.....	96,729	104,599	7,870	60,011	72,548	12,537
55–64.....	157,653	168,349	10,696	94,805	114,578	19,773
65–74.....	186,785	193,097	6,312	140,681	157,956	17,275
75 and Over..	191,826	209,017	17,191	197,952	219,742	21,790

*Deaths of unknown age distributed.

greater than a comparison of the figures for the two sexes indicates, inasmuch as the number of deaths, both expected and actual, is materially lower for females than for males. It is noteworthy that the saving in lives among the females was the greater at every age period beginning with 15 years; under age 15, however, males showed the greater number of lives saved.

In each sex, infants recorded the largest saving in life by a wide margin. The death toll among children under age 1 was 75,000 less in 1947 than it would have been under the rate of 1940. This figure is so large—it was well over one quarter of the total of lives saved—because of two factors: the improvement in mortality, and the record high number of births in 1947. As Table 2 shows, every age period made substantial contributions to life conservation. Especially noteworthy is the gain at the older ages. Virtually 40,000 fewer deaths occurred at ages 75 and over in 1947 than was expected on the basis of the earlier mortality.

The extraordinary progress in reducing the death toll in the past few years, all the more remarkable because it was achieved during a period of war and postwar adjustment, is a tribute to American medical practice and public health administration. An increasing proportion of our population is living longer and healthier lives. Yet, no one can deny that premature death is still too frequent, and that the incidence of

sickness and disability is still too high. That further progress can and will be made in conserving life and health is almost a foregone conclusion. Physicians are being better trained than ever before, facilities for diagnosis and treatment of disease are constantly improving and increasing, hospital facilities and services are multiplying, more and more funds are being made available for research, and the public health movement generally is reaching larger numbers of people and raising the level of their health education. The next decade will undoubtedly reap the harvest of these far-reaching developments.

The Elders Among Us*

UNTIL recently, the population of the United States was characterized by its youthfulness. The large number of men and women in the prime of life who poured into this country while the floodgates of immigration were still wide open, together with the high birth rates among both the native and the immigrant population, swelled the proportion of people at the younger ages. The effect, of course, was to relegate to relatively minor numerical importance the role of those at the older ages. Thus, in 1900, out of a total population of 76,000,000, only 4.1 percent were at ages 65 or over. The elders among us were relatively few in number, and their economic and social problems attracted little attention.

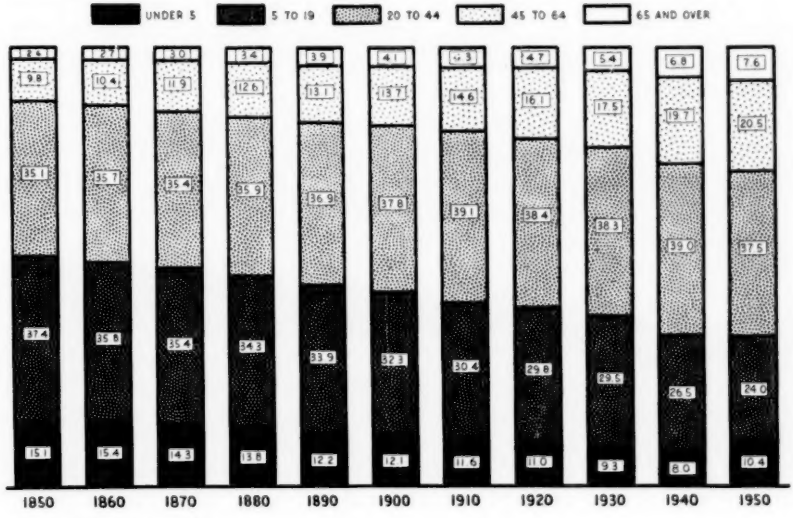
But conditions have changed materially since the turn of the century. Immigration was virtually cut off in the early 1920's. Birth rates have declined, and despite the wartime resurgence, the outlook is for further decreases. At the same time, advances in medical science and public health work have saved an increasing number of young lives. Many important diseases, particularly in infancy and early adult life, have come under control, and some have even been virtually wiped out. These successful efforts in life conservation at the earlier ages have brought more and more of the population into the older age brackets.

The radically changed pattern of the age distribution of the population in the past century is illustrated in the chart on the following page. The Census of 1950, according to latest estimates, will show more than 11,000,000 people in the age range 65 and over, constituting 7.6 percent of our total population. In other words, the proportion of elders has nearly doubled in the last half century, and their absolute numbers have almost quadrupled. Moreover, not only are more people entering the threshold of old age, but the prospect for living beyond that age has also improved. At 65, the expec-

* This article is based upon an address by Dr. Louis I. Dublin, Second Vice-President and Statistician of the Metropolitan Life Insurance Company, delivered at the Annual Forum of the New York Chapter of the Chartered Life Underwriters, April 7, 1949.

PERCENT DISTRIBUTION OF TOTAL POPULATION BY AGE

UNITED STATES, 1850 TO 1950*



*{ 1850 to 1940 from U.S. Census data
1950 estimates published by Bureau of the Census 1949

Metropolitan Life Insurance Company

tation of life is now 13⅔ years, about two years greater than in 1900. Old age is a period of considerable duration and undoubtedly will be increased in the future.

Another consideration which bears on the problem of the aging population is the increase in the urbanization and industrialization of our country. In 1900, the cities and towns included only 40 percent of the American people; in 1940 the figure was 57 percent, and by 1950 it will undoubtedly be considerably higher. It is much easier to provide housing and useful employment to old people in rural and agricultural areas than it is in cities.

Foremost among the problems of the aged are the economic difficulties in which large numbers find themselves. In 1945, at the peak of our war effort, when every hand capable of work was called into the country's productive efforts, only one third of those 65 and over were then either employed by others or self-employed. The latest available figures for this year show that only one fourth of those 65 and over are employed. This is the situation at a time of virtually full employment and high national prosperity, with a growing need for skilled workers. Among men at this stage of life the picture is naturally better, the proportion employed being about 43 percent. It is interesting to note, however, that more than one fourth of these employed men are in agri-

culture. Apparently, farmers stay on the job after age 65. Outside of agriculture, the large majority of the aged men are no longer in the productive forces of the country. Quite understandably, only a relatively small proportion of the women 65 years of age and over are still at remunerative work—namely, about 9 percent. Women constitute the larger number of the aged in our population; many of them are widowed and, with only limited skills of commercial value, they constitute the more difficult part of the economic problem of the aged.

There are definite and encouraging offsets to these economic handicaps. First, there is the Old-Age and Survivors Insurance feature of the Social Security program, under which one and a half million aged persons are now receiving benefits. This, however, is designed to provide only for minimum needs. Second, there is the ever-increasing number of private pension plans made available by commercial and industrial organizations, through which more than a quarter million of their retired employees are receiving support. Other pension schemes, including those in the railroad services, the governmental retirement plans, Federal, State, and local, provide income to almost three quarters of a million persons. In addition, approximately one and a half million at ages 65 and over, or about 13 percent in this age category, receive their support from investments or from individual annuity contracts. About two million persons receive their support from friends and relatives, and two and one half million receive old-age assistance, made possible under the Social Security Act by grants from the Federal Government and the States.

The well-being of the aged among us involves much more than the correction of their economic difficulties. Those familiar with current conditions are well aware of the serious emotional and health disturbances that confront them. We have scarcely scratched the surface of this phase of the life of older people. Housing for elderly people is particularly distressing under present conditions. Few communities have done anything to provide the kind of housing old people require.

Old people are particularly prone to sickness and accident. About one in every eight of those 65 years and over suffers from some form of disability, particularly from heart disease, kidney disease, diabetes, and cancer. Hospitals for chronic disease are filled to overflowing, and many patients are kept waiting until beds are available. There is, accordingly, need for much thought and action to meet the medical needs of old people. Some services can be rendered by the official health departments. But the largest measure of care must remain in the hands of private physicians and an increasing part should be left to the ministrations of the local voluntary health agencies. A pressing necessity is for a larger number of beds for aged invalids and semi-invalids. A special type of institution is evolving,

different from the old custodial institution and the expensive general hospital. Many of the old people who are ill or disabled can also be cared for in their homes. But this will obviously call for a greatly expanded and better organized service of physicians, visiting nurses, and housekeepers.

It is clear that the problem of the aged is becoming increasingly acute. The number of older people in our country will continue to grow to larger proportions. Now is the time to meet the situation. Unless we do so, intolerable conditions may develop a decade or two hence, and it will then be much more difficult to make the necessary adjustments than it is at present.

Occupational Motor Vehicle Accidents

MOTOR vehicle accidents rank among the leading causes of occupational fatalities, although their importance in this connection is frequently lost sight of because of the far larger role they play in non-occupational injuries. The number of men killed on the job by motor vehicles is, however, very considerable. It is estimated that about 2,500 men lose their lives in accidents of this kind each year. This number is equal to about 8 percent of all motor vehicle fatalities and to nearly 15 percent of all deaths arising out of or in the course of employment.

In order to throw light on the circumstances surrounding occupational motor vehicle accidents, the Metropolitan Life Insurance Company has analyzed the death claim records of 363 men insured in its Industrial Department who died of such mishaps in the three-year period 1946-1948. As might be expected, a much larger proportion of the motor vehicle deaths of occupational origin than of other motor vehicle deaths occur among drivers and other occupants of vehicles. The tabulation shows that somewhat more than three fifths of those killed were driving at the time of the accident. Occupants of the vehicle other than the driver, accounted for an additional one fifth of the total; an almost equal proportion were non-riders. It should be noted that this study represents essentially an urban experience, inasmuch as the insured are heavily concentrated in the cities and the larger towns.

A wide variety of motor vehicles were involved in the fatalities under survey, but trucks far outranked the others, accounting for 267 deaths, or for nearly three quarters of the total. Passenger cars were responsible for 38 of the fatalities and taxicabs for 13. The resurgence of professional automobile racing in recent years has brought with it a number of deaths. Eleven of the insured were killed in racing cars, most of them in midget racers. Six of the fatalities were among firemen injured in accidents on their way to or returning from fires, pointing up the fact that the hazards to which firemen are exposed are not limited to the risks in-

volved in fighting fires. Tractors used for transportation were responsible for 10 deaths. Buses, police cruisers, and motorcycles each accounted for several fatalities.

As already noted, drivers constitute the largest group of victims in occupational motor vehicle accidents, accounting for 226 out of the 363 deaths under study. One third of the fatalities among drivers occurred in noncollision accidents. In most of these instances the vehicle turned over when the driver lost control. An additional one third of the lives lost by drivers resulted from the collision between two motor vehicles. Of the remainder, 28 men were killed in collisions with railroad trains or engines, indicating that even experienced drivers of motor vehicles still take foolhardy chances at railroad crossings. Thirty-six of the drivers died when their vehicles collided with fixed objects such as trees, pillars, bridge abutments, fences, or other obstructions.

Trucks were involved in most of the fatalities among riders other than the drivers—in all but six of the 71 deaths of this type. While one third of the nondriver deaths among occupants of trucks resulted from collisions, a larger fraction were caused by the hazards incidental to riding in the body of the truck. At least 30 of the men sustained fatal injuries when they fell from moving trucks. Some fell when they lost their balance as materials in the truck shifted; some fell when trucks on which they were loading or unloading objects were moved without their being warned; others were thrown when trucks made wide turns or ran into holes or onto uneven pavement. Falls from running boards, bumpers, or fenders contributed to the death toll.

Nonriders are fatally injured by motor vehicles under a wide variety of circumstances. Ten of the men in this experience were fatally struck by motor vehicles while at work in plant yards. This underscores the need for the safety program of an industrial plant to include the activities on the outside areas. Nine men were killed by vehicles while at work in garages, terminals, and gas service stations. In cases where men sustained fatal injuries on the roadway, a large percentage of the victims were engaged in road construction or repair, clearing snow or storm debris, or scattering ashes on slippery roads. A number of men were struck by vehicles while putting chains on wheels, repairing vehicles, or working at the rear of vehicles on the highway. Five men were struck while they were directing drivers to back up trucks.

Operators of fleets of motor vehicles have conducted street and highway safety programs for many years, not alone for the protection of their employees but also to safeguard the general public. Safety contests among fleets, sponsored by the National Safety Council and other organizations have stimulated keen interest in safe operation of motor vehicles among the drivers. These efforts have been fairly successful, and some unusually fine

company records have been achieved. But, as is suggested above, much remains to be done to protect the workers exposed to the automobile hazard. Increased efforts are called for, particularly among employers operating only a small number of vehicles. Employers whose men must work on the roadway share with the fleet owners the responsibility of protecting their men against the danger of being struck by motor vehicles. Employees, too, have an important part to play.

Marked Improvement in Canadian Mortality

THE current year marks the 25th anniversary of the establishment by the Metropolitan Life Insurance Company of a separate Head Office in Canada.* During this period, our neighbors to the north have made an outstanding record in reducing mortality and in advancing the public health generally. Among the Company's Industrial policyholders insured in Canada, the crude death rate has dropped more than 40 percent, from 8.9 per 1,000 in 1924-1926, to 5.2 in 1946-1948; the decline is even more marked when allowance is made for the increase in the average age of these insured.

The greatest relative improvement in mortality has occurred among the diseases prevalent mainly at the younger ages. Thus, the death rate from the principal communicable diseases of childhood has declined from 53.4 per 100,000 to 4.8, a drop of more than 90 percent between 1924-1926 and 1946-1948. Of this group, scarlet fever has been all but wiped out as a cause of death. In the first four months of 1949, there was not a single death reported from scarlet fever among the Company's millions of Industrial policyholders in Canada. As the table on page 10 shows, the death rate from diarrhea and enteritis, which is usually a good barometer of health progress, has also been reduced by about 90 percent in the period under review, from 102.7 per 100,000 to 10.9.

It seems pertinent to note here the large reduction in infant mortality that has taken place in the general population of Canada. In the past quarter century, the death rate among children under one year of age has been cut in half. This favorable development is of particular interest to the Metropolitan because a little more than 25 years ago the Company conducted a demonstration in Thetford Mines, Quebec, showing that infant lives could be saved by proper care. Within a period of only three years, 1921 to 1923, the demonstration resulted in a reduction of 68 percent in the infant mortality rate of that community. This impressive result gave impetus to similar efforts throughout the Dominion.

Childbearing has become safer in Canada. In this insurance experi-

* It should be noted, however, that the Company had been doing business in Canada for many years prior to 1924.

ence, the death rate from the diseases of the puerperal state has dropped 75 percent since 1924-1926. The improvement has been even greater than indicated by this figure, inasmuch as the birth rate has been higher in the past three years than in the earlier period.

A number of other causes of death have shown marked declines, as is evident from the table. The rate from pneumonia and influenza, for example, has dropped 75 percent in the period under survey, and that from tuberculosis 66 percent. Even the diseases of middle and later life show only moderate increases when the death rates are adjusted for the aging of the population. But because of the increasing proportion of policyholders at the older ages, the relative importance of these diseases has grown in the total mortality picture. Thus, deaths from cancer, diabetes, and the heart and related conditions now account for about three fifths of all the deaths from disease, whereas in 1924-1926 they accounted for only one quarter of this total.

In Canada, as in the United States, the outlook is brighter for further progress in reducing the toll of premature death. The results will be commensurate with the extent and intensity of the effort applied.

CRUDE DEATH RATES PER 100,000 FROM SPECIFIED CAUSES
ALL AGES. METROPOLITAN LIFE INSURANCE COMPANY
PREMIUM-PAYING INDUSTRIAL BUSINESS IN CANADA.
1946–1948 AND 1924–1926 COMPARED

CAUSE OF DEATH	DEATH RATES PER 100,000		PERCENT CHANGE 1946-1948 SINCE 1924-1926	CAUSE OF DEATH	DEATH RATES PER 100,000		PERCENT CHANGE 1946-1948 SINCE 1924-1926
	1946–1948	1924–1926			1946–1948	1924–1926	
ALL CAUSES	520.0	888.3	−41.5	Tuberculosis—all forms	35.8	105.6	−66.1
Typhoid fever	0.4	6.4	−93.8	Tuberculosis of resp'y system	30.1	87.2	−65.5
Communicable diseases of childhood	4.8	53.4	−91.0	Cancer—all forms	83.5	57.3	+45.7
Measles	1.2	9.2	−87.0	Diabetes mellitus	14.2	8.0	+77.5
Scarlet fever	.3	9.6	−96.9	Cardiovascular-renal diseases	203.6	144.6*	+40.8
Whooping cough	1.5	14.8	−89.9	Diarrhea and enteritis	10.9	102.7	−89.4
Diphtheria	1.8	19.8	−90.9	Puerperal state—total	4.7	18.9	−75.1
Influenza and Pneumonia	30.5	120.4	−74.7	Suicide	3.1	2.5	+24.0
Influenza	4.4	30.8	−85.7	Homicide	.3	.8	−62.5
Pneumonia—all forms	26.1	89.6	−70.9	Accidents—total	36.6	45.0	−18.7
				Motor vehicle accidents	9.7	7.1*	+36.6

*Not strictly comparable with 1946–1948.

CRUDE DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS, *Weekly and Monthly Combined*
METROPOLITAN LIFE INSURANCE COMPANY

APRIL 1949

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	April 1949	April 1948	Year to Date: End of April		
			1949	1948	1947
ALL CAUSES—TOTAL	660.7	693.3	678.6	714.0	713.8
Typhoid fever	0.1	0.2	0.1	0.1	0.2
Measles	1.2	.9	.8	.7	.3
Scarlet fever	.1	.1	‡	.1	.1
Whooping cough	.3	.4	.3	.5	.6
Diphtheria	.3	.1	.2	.3	.8
Influenza	2.4	1.9	2.3	2.9	4.8
Pneumonia (all forms)	24.8	24.5	24.3	29.4	30.8
Tuberculosis (all forms)	23.7	29.5	25.5	28.5	31.8
Tuberculosis of respiratory system	22.1	26.5	23.4	25.8	28.9
Syphilis	6.5	6.8	6.0	7.1	7.7
Acute poliomyelitis	—	.1	.2	.1	.4
Cancer (all forms)	117.1	110.4	114.7	112.0	109.3
Diabetes mellitus	24.8	25.1	25.7	25.4	23.8
Principal chronic cardiovascular-renal diseases	312.9	326.8	327.7	347.5	338.0
Cerebral hemorrhage	58.4	61.7	61.2	65.0	65.4
Diseases of the coronary arteries and angina pectoris	75.7	73.6	81.3	83.2	75.0
Other chronic heart diseases†	145.0	154.7	150.7	161.8	158.4
Chronic nephritis	33.8	36.8	34.5	37.5	39.2
Diarrhea and enteritis	2.9	2.7	2.7	3.3	3.7
Appendicitis	2.0	2.9	2.0	2.5	2.7
Puerperal state—total	1.8	2.6	2.1	2.5	3.3
Suicide	7.6	7.2	6.9	6.6	6.7
Homicide	3.2	3.8	2.9	3.2	2.9
Accidents—total	34.4	39.3	35.9	38.7	40.5
Home accidents	9.4	10.0	10.5	11.5	11.2
Occupational accidents	2.6	3.4	3.3	4.1	4.8
Motor vehicle accidents	10.8	10.9	12.2	11.9	14.0
All other causes of death	94.6	108.2	98.4	102.6	105.4

*The rates for 1949 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95. ‡Less than 0.05 per 100,000.

NOTE—The causes of death shown in the above table have been classified in accordance with the Manual of the International List of Causes of Death and Joint Causes of Death (1939).

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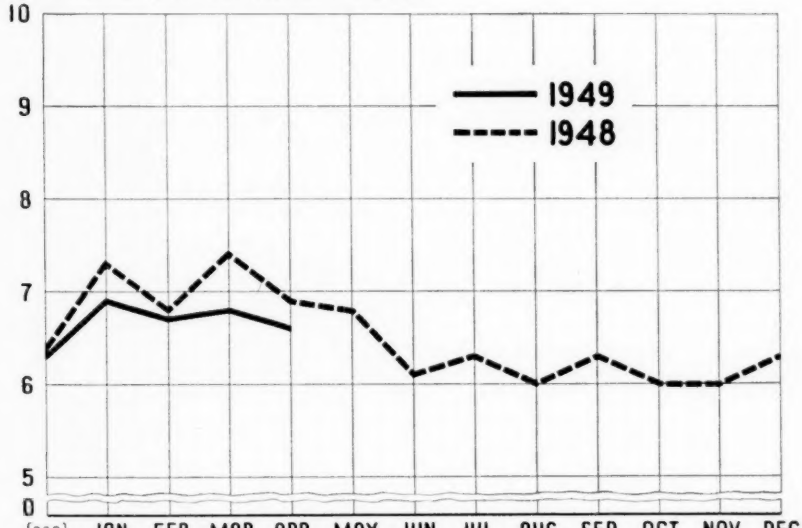
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY • INDUSTRIAL PREMIUM-PAYING BUSINESS
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1,000 POLICYHOLDERS • ANNUAL BASIS



	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1948		7.3	6.8	7.4	6.9	6.8	6.1	6.3	6.0	6.3	6.0	6.0	6.3
1949		6.9	6.7	6.8	6.6								

Figures are provisional

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